

**CHILD ADOPTION ASSESSMENT ADDENDUM**  
Michigan Department of Human Services

Name(s):

DOB:

Case Number:

Commitment Date:

Commitment County:

Adoption Worker:

Report Date:

Dates of Contact:

With Whom:

Type (phone, etc.) and reason:

Changes in Child's Placement Since Last CAA, Date and Reasons:

Child's Current Level of Functioning (developmental, emotional, educational, medical, mental health, etc.):

Child's Special Needs and Type of Family Required to Meet Them:

Child's Attitude, Willingness and Preparation for Adoption:

Recommendations:

Adoption Worker's Signature	Printed Name	Date
Adoption Supervisor	Printed Name	Date
Agency Name		
Agency Address		

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